

Name  
in  
Full

Stanford Ballard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Deal Island

Town

Somerset

County

Date of death 1906

Month

Nov

Day

7

Age

13

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Deal Island

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

James W Ballard

Father's  
Birthplace

Deal Island

Mother's  
Maiden Name

Harriet W Cottman

Mother's  
Birthplace

Deal Island

Name of person giving  
Information

James W Ballard

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Diphtheria

How long

3 weeks

Immediate

Acute Urinary (Nephritis) Nephritis 2 wks.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

W. H. Sanders  
Somerset Co.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Geal Island</i> Town <i>Somerset</i> County		MARYLAND	
Date of death	190 <i>6</i> Month <i>Nov</i> Day <i>12</i> Age <i>2</i>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>md</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Eddie Benton</i>		Father's Birthplace <i>md</i>	
Mother's Maiden Name <i>Bettie Tause</i>		Mother's Birthplace <i>md</i>	
Name of person giving information		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid</i>	How long <i>12 days</i>
Immediate <i>Hemorrhage Intestinal</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. T. Schwab</i>
<i>Yes</i>	Address <i>Geal Island Md.</i>
Accident or Suicide?	



Name  
in  
Full

Mollie Cattman

## CERTIFICATE OF DEATH

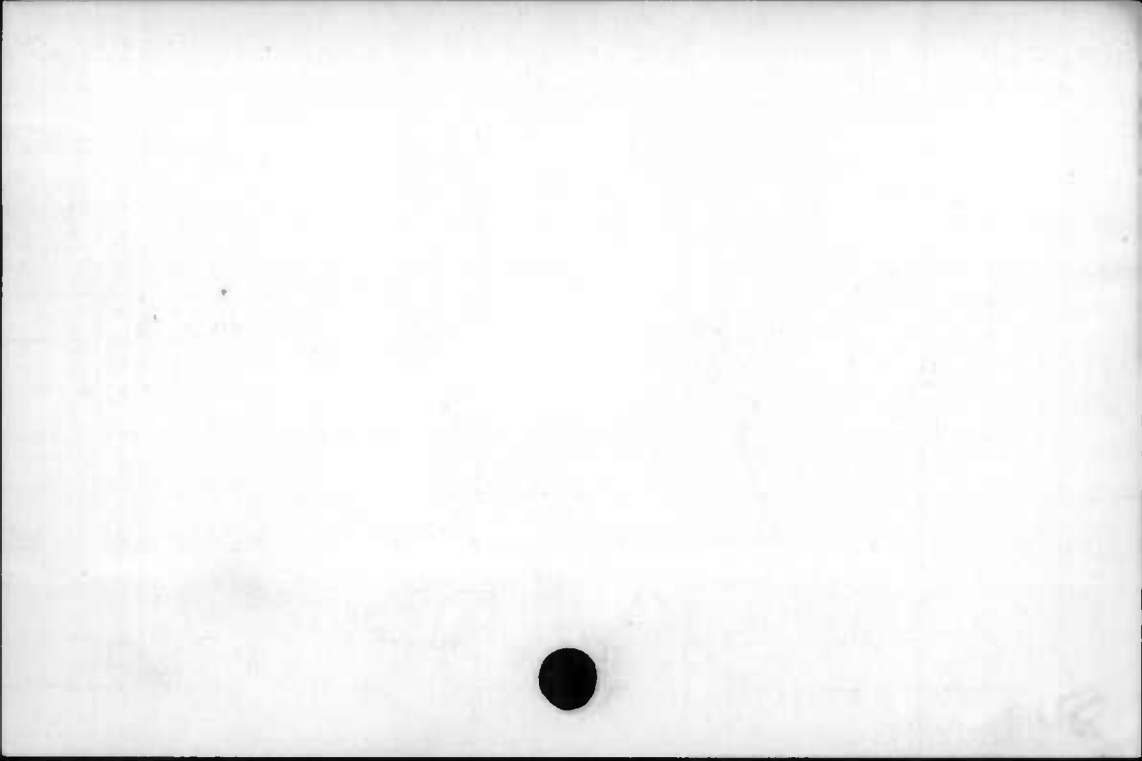
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Princess Anne</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>11<sup>th</sup></i>	Day <i>16<sup>th</sup></i>	Age <i>50</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Somerset Co.</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of <del>Wife</del> or Husband <i>Wallace Cattman</i>						
Father's Name <i>John Birchhead</i>	Father's Birthplace <i>Somerset Co.</i>						
Mother's Maiden Name <i>Mary Dunc</i>	Mother's Birthplace						
Name of person giving information <i>Wallace Cattman</i>			How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>?</i>
Immediate <i>Uraemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>To best</i>	Signature of Physician <i>W. Henry Fisher</i>
<i>of my knowledge.</i>	Address <i>Princess Anne Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hopewell</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1906	Month <i>March</i>	Day <i>28</i>	Age <i>83</i>	Years	Months <i>11</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place				
Occupation <i>Farmer</i>			Where Residing if not at place of death —				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>James Coulbourn</i>				Father's Birthplace <i>Hopewell Md</i>			
Mother's Maiden Name <i>Zipporah Coulbourn</i>				Mother's Birthplace <i>Somerset Co Md</i>			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. F. Hall</i>
	Address <i>Crofted Md</i>
Accident or Suicide?	





Name in Full		George H. Crosswell				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Marion		County Somerset		MARYLAND	
	Date of death	1906	Month	Nov.	Day	9	Age	61
	Sex	Male		Color or Race	White		Birth-place	
	Occupation	House Carpenter		Where Residing if not at place of death				
	Married, Single or Widowed	Single		Name of Wife or Husband	Mary I Crosswell			
	Father's Name						Father's Birthplace	
	Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	W. H. Tull					How related to deceased	Not related	
<b>CAUSES OF DEATH</b>								
PHYSICIAN OR CORONER	Primary	Bright's Disease				How long	6 mos	
	Immediate	General weakness				How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. L. Allen			
			Address		Marion Ind.			
Accident or Suicide?								

R J Adams

✓



Name  
in  
Full

Charlotte J. Dykes

## CERTIFICATE OF DEATH

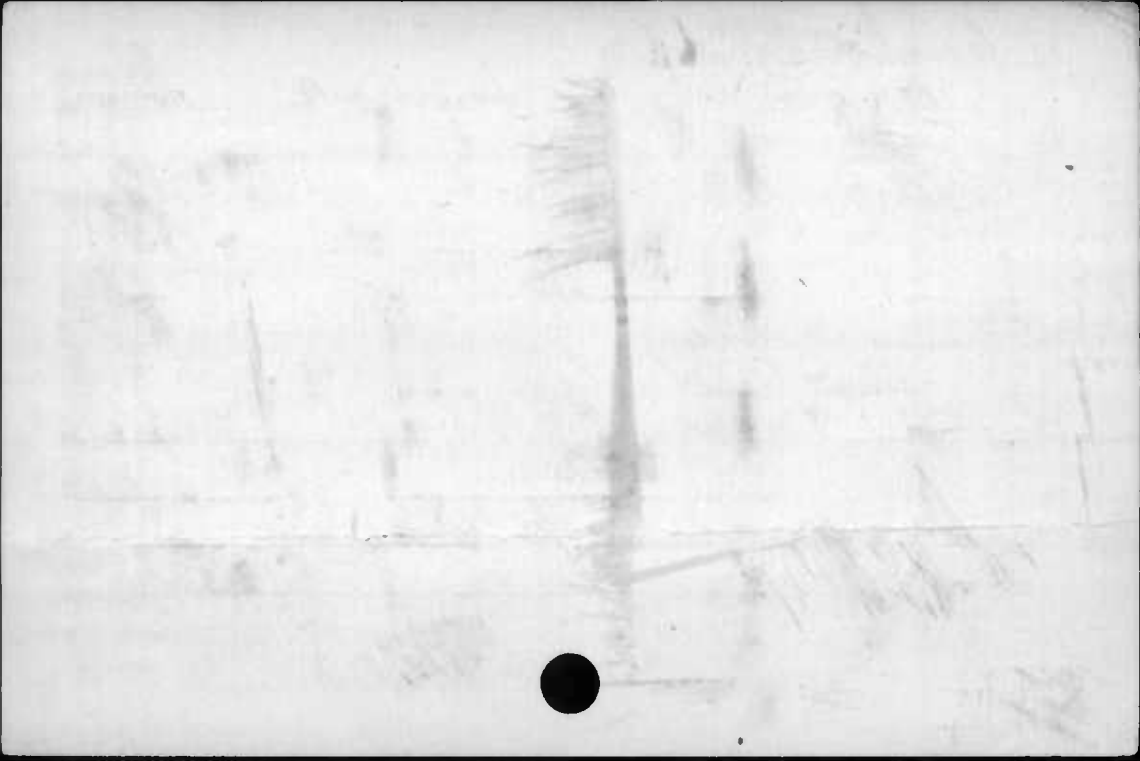
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Thurgate</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month <i>11</i>	Day <i>18</i>	Age <i>79</i>	Months <i>7</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birthplace <i>M. Co. Md.</i>		
Occupation <i>No occupation</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Littleson Popu</i>	Father's Birthplace <i>M. Co. Md.</i>				
Mother's Maiden Name <i>Mary Lundy</i>	Mother's Birthplace <i>M. Co. Md.</i>				
Name of person giving information <i>Martha C. Brockley</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Croupy Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Collapse</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Wilson</i>
	Address <i>Frederick City</i>
Accident or Suicide? <i>-</i>	



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

Name *Charlott Elzy* Town *Danvers* County *Lincoln*

Died at *Danvers*

Date of death *1906* Month *Nov* Day *2* Age *12* Years Months Days

Sex *female* Color or Race *Black* Birth-place *Danvers*

Occupation  Where Residing if not at place of death

Married, Single or Widowed  Name of Wife or Husband

Father's Name *John Elzy* Father's Birthplace

Mother's Maiden Name *Rachael Elzy* Mother's Birthplace

Name of person giving information *Morris Nelson* How related to deceased *Step Fat.*

CAUSES OF DEATH

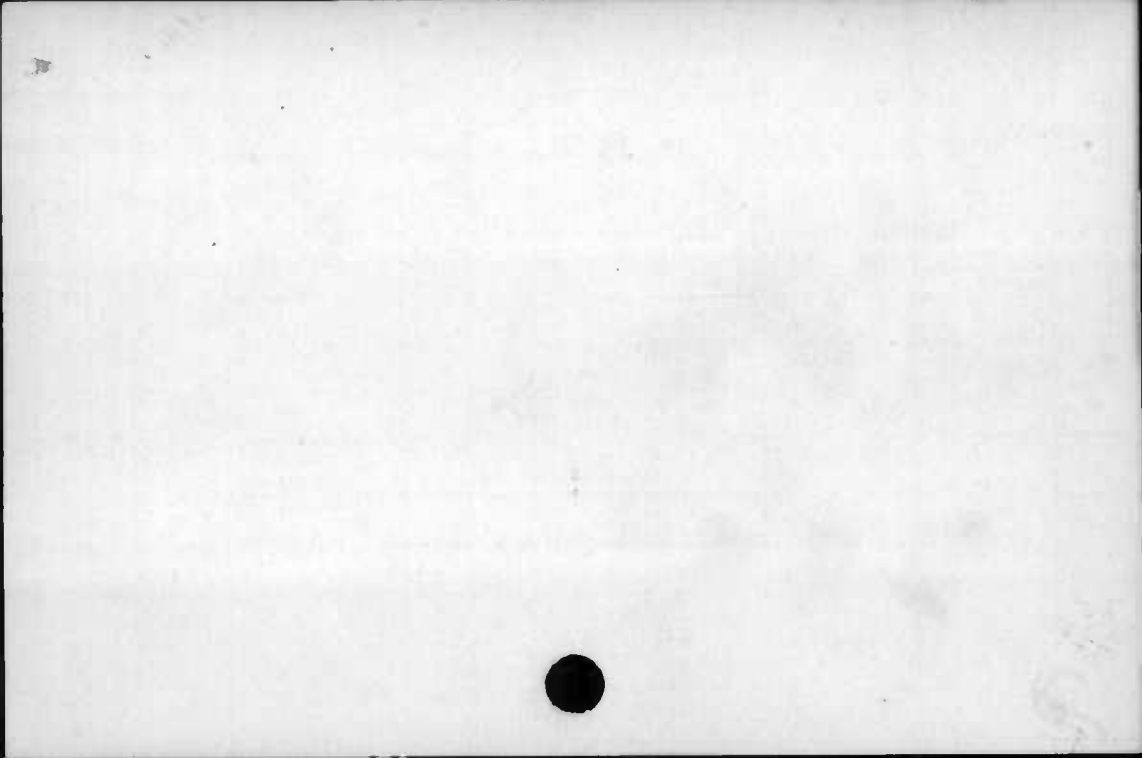
Primary *Consumption* How long

Immediate  How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm W. Evans* Address *Deal's Island O O Md*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Dolly Turner

Died at *new Kent's chapel* Town*Dorchester* County

MARYLAND

Date

of death *1906*

Month

*Nov*

Day

*6*

Age

Years

*44*

Months

Days

Sex

*Female*Color or  
Race*Black*Birth-  
place*Maryland*

Occupation

*Housewife*Where Residing If not  
at place of deathMarried, ~~Single~~  
~~or~~ WidowedName of Wife or  
Husband*Bob Turner*Father's  
Name*Bandy Dennis*Father's  
Birthplace*Mo*Mother's  
Maiden Name*Mary Dennis*Mother's  
Birthplace*"*Name of person giving  
Information*John A Turner*How related  
to deceased*Son*

## CAUSES OF DEATH

Primary

*Apoplexy*

How long

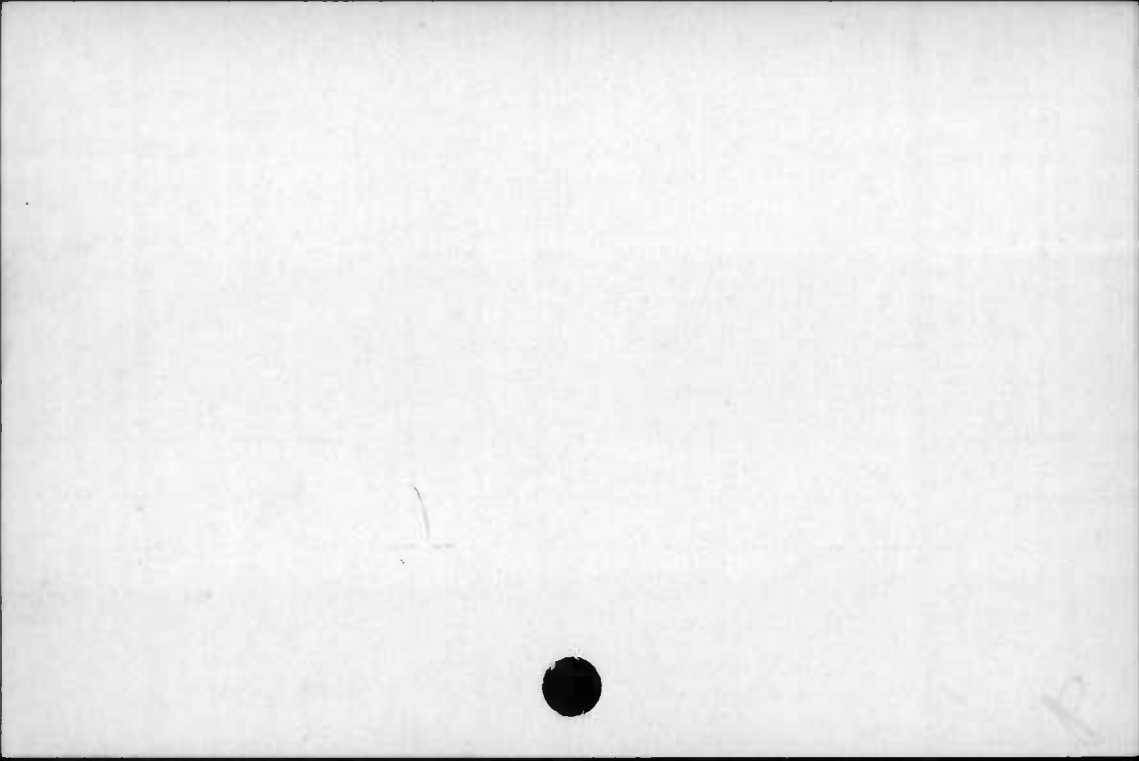
Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*none in attendance*

Address

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

Quanda Bueby

Town

County

MARYLAND

Died at *New Princess Anne, Md*

Date

of death *1906*

Month

*Nov*

Day

*25*

Years

Age *65*

Months

Days

Sex

*Female*Color or  
Race*Black*Birth-  
place*Ind.*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*John Bueby*Father's  
Name*Unknown*Father's  
Birthplace*—*Mother's  
Maiden Name*Eliza Harmon*Mother's  
Birthplace*Ind*Name of person giving  
In formation*John Harmon*How related  
to deceased*Half  
Brother*

## CAUSES OF DEATH

Primary

*Hemiplegia*

How long

*2 yrs.*

Immediate

*Hemiplegia 3d. attack*

How long

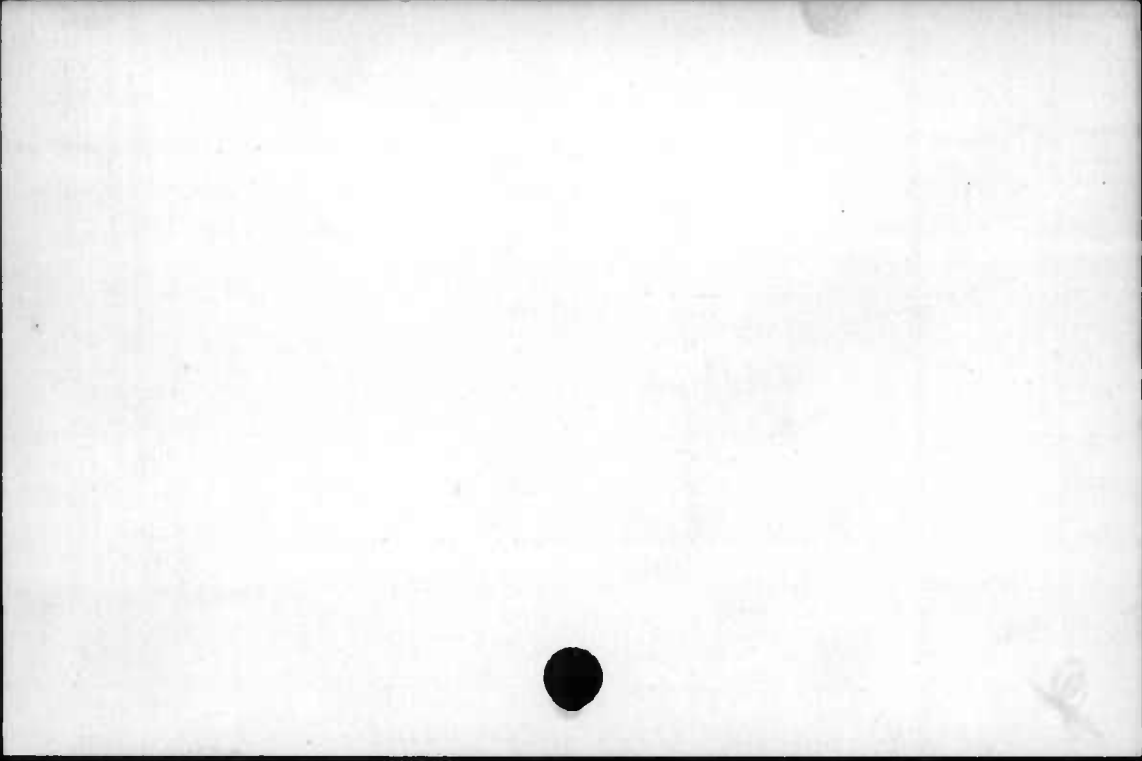
*1 day.*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Charles T. Foster, M.D.*

Address

*Princess Anne, Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Crisfield</i>		County <i>Bowser</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>30</i>	Age <i>—</i>	Months <i>3</i> Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Crisfield, Md.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Crisfield, Md.</i>				
Married, Single or Widowed <i>8</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John Thos Hardy</i>	Father's Birthplace <i>Marion Sta. Md.</i>				
Mother's Maiden Name <i>Sue Egbert Davis</i>	Mother's Birthplace <i>Kingston Md.</i>				
Name of person living in information <i>Mrs Marion Hardy</i>	How related to deceased <i>Grand Mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Broncho-Pneumonia</i>	How long <i>Days</i>
Immediate <i>Pulmonary &amp; Cardiac asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm H. Coulbourn, Md.</i>
	Address <i>Crisfield, Md.</i>
Accident or Suicide? <i>No</i>	



P

Name

Full

William James

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1906		Nov		21		Age about 75	
Sex		Color or Race		Birth-place			
Male		Black					
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Melaura					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
Thos E Whelton		None					

## CAUSES OF DEATH

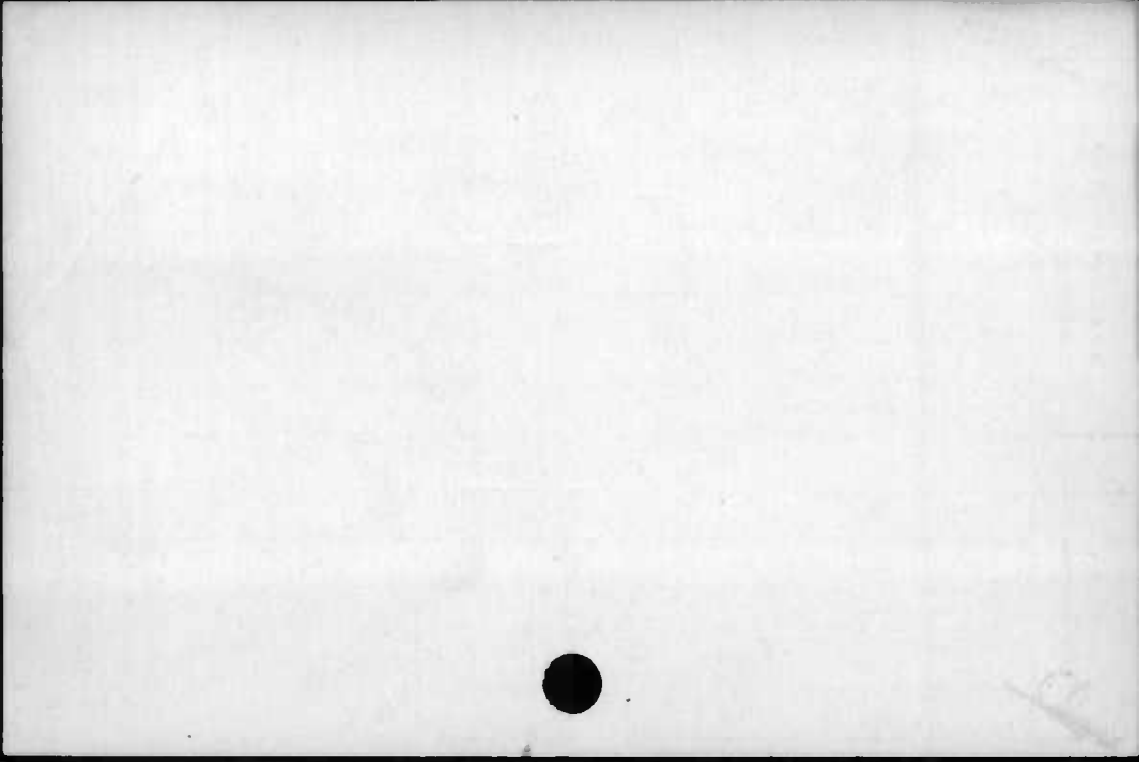
Primary	Rheumatism	How long	2 yrs
Immediate	Endocarditis	How long	3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name

in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stefewell</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>21</i>	Age <i>71</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Stefewell Md</i>		
Occupation <i>Day laborer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Johnson</i>			
Father's Name <i>Elijah Johnson</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary

*Chronic Nephritis* *How long one year*

Immediate

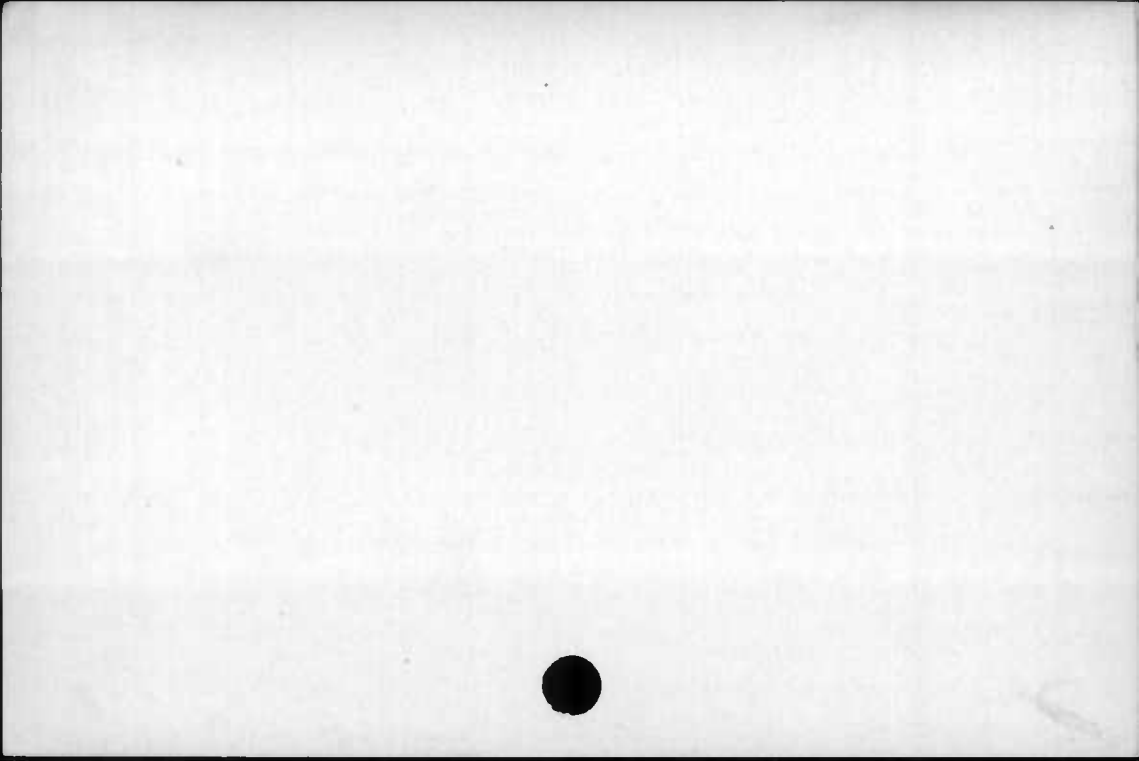
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*W F Hall*  
*Onfield Md*

Accident or Suicide?





Name in Full		Wm C Maddox				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Marion		County Somerset		STATE MARYLAND
	Date of death		1906	Month 11	Day 17	Age 69	Months —
	Sex		Male		Color or Race Colored		Birth-place Kingston
	Occupation		none		Where Residing if not at place of death —		
	Married, Single or Widowed		Widowed		Name of Wife or Husband —		
	Father's Name		Spencer Maddox			Father's Birthplace Fairmount	
	Mother's Maiden Name		Milky Williams			Mother's Birthplace Kingston	
	Name of person giving information		Chas A Maddox			How related to deceased Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Asthma			How long 7 months	
	Immediate		Strangled			How long Immediately	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Chas A Maddox (do)		
					Address Marion md		
	Accident or Suicide?		—				

Al W. Dixon

Name  
In  
Full

Fletcher Lee Miles

## CERTIFICATE OF DEATH

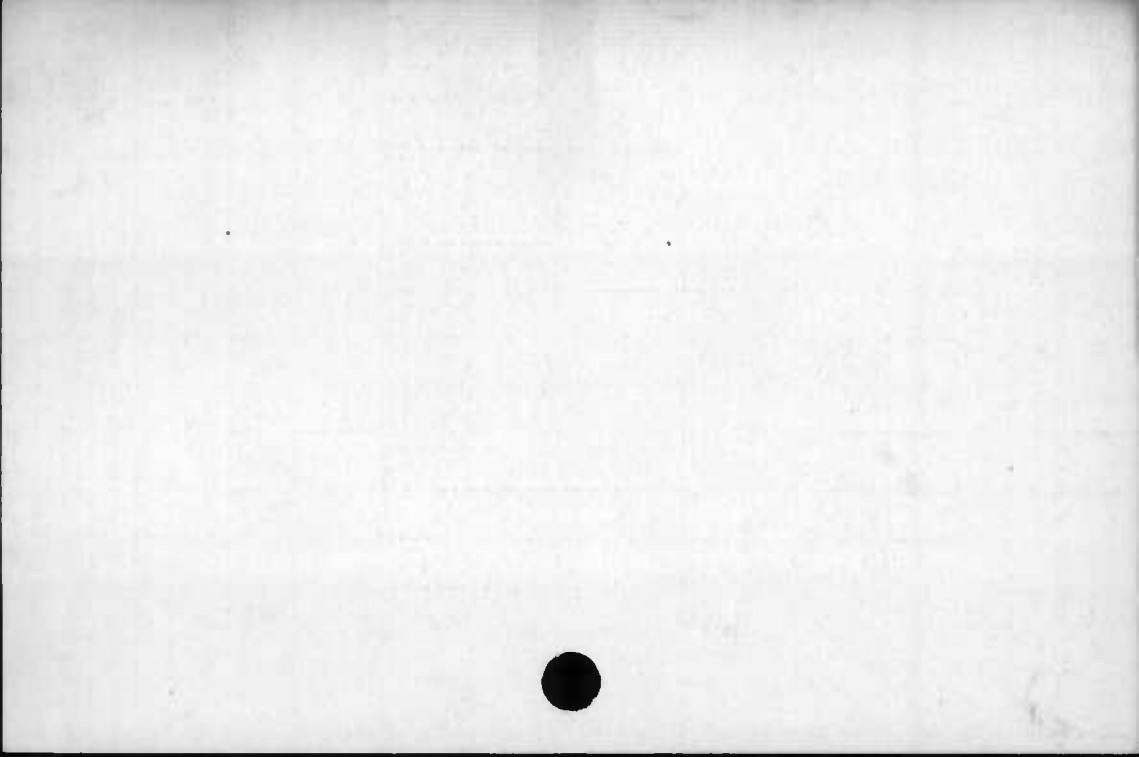
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lawsonia</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>1</i>	Age <i>3</i> Years	Months <i>3</i>	Days <i>7</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Lawsonia</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>George J. Miles</i>			Father's Birthplace <i>Hopewell Md</i>		
Mother's Maiden Name <i>Belle Tawes</i>			Mother's Birthplace <i>Lawsonia</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>2 weeks</i>
Immediate <i>Colitis (Spasms)</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. F. Hall</i>
	Address <i>Croftfield Md</i>
Accident or Suicide? <i>8</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

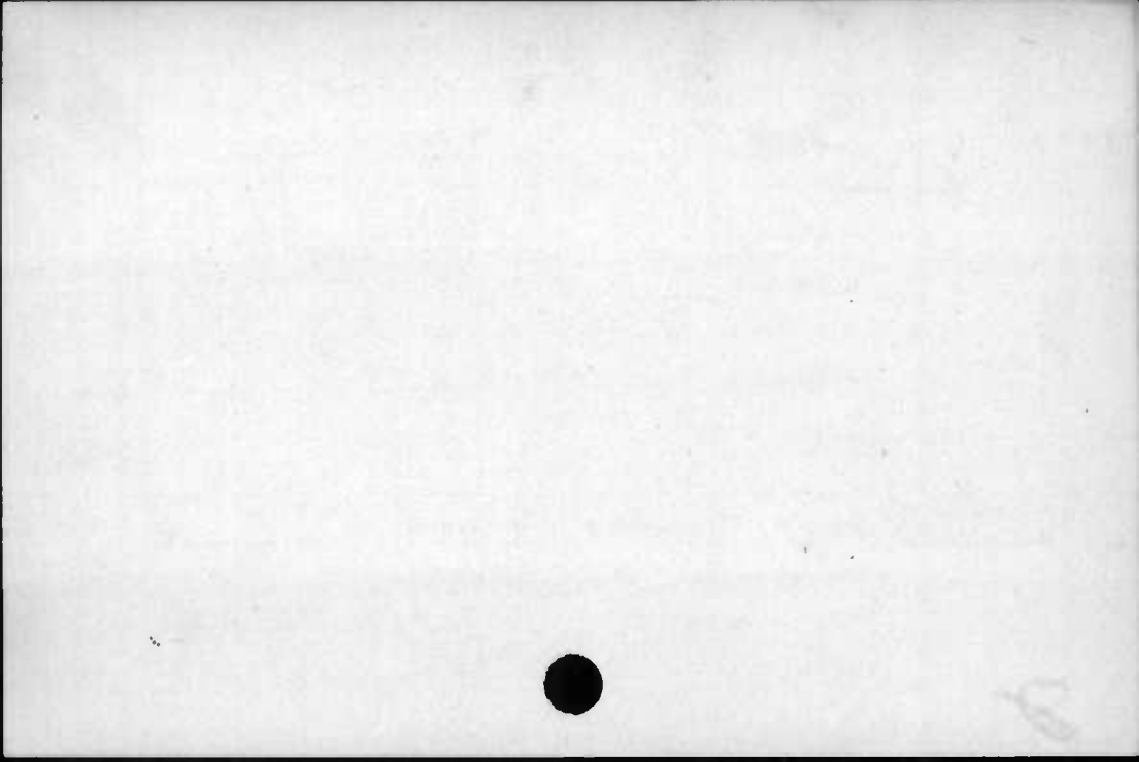
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cottage Grove</i> <sup>Town</sup>		<i>Mills</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>7</i>	Age <i>1</i> Years	Months <i>-</i>	Days <i>-</i>
Sex <i>male</i>	Color or Race <i>African</i>		Birth-place <i>Dorchester Co</i>		
Occupation			Where Residing if not at place of death		
Married, Single or <i>Widowed</i>		Name of Wife or Husband			
Father's Name <i>Sidney Mills</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Leah</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>H. H. Beauchamp</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>sickly since birth</i> <b>(9)</b>	How long
Immediate <i>Croup</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>none in attendance</i>
	Address
Accident or Suicide?	



Name  
in  
Full

Margaret C Sterling

## CERTIFICATE OF DEATH

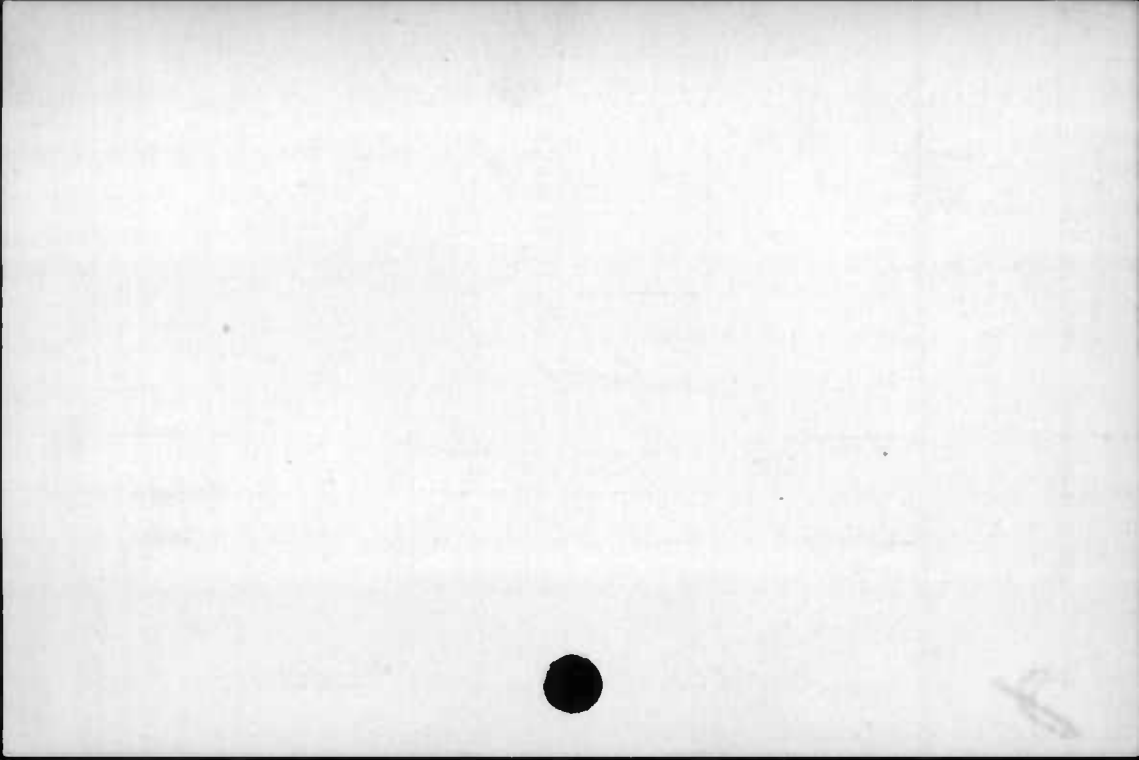
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Hopewell		Somerset		MARYLAND						
Date of death		1906	Month	Nov	Day	19	Age	68	Months		Days	
Sex		Female		Color or Race		White		Birthplace		Hopewell Md		
Occupation		Housewife		Where Residing if not at place of death								
Married, Single or Widowed		married		Name of Wife or Husband		Revel Sterling						
Father's Name		Solomon Bradshaw						Father's Birthplace		Hopewell Md		
Mother's Maiden Name		Mary Russell						Mother's Birthplace		—		
Name of person giving information								How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Gastric Cancer	How long	7 year
Immediate	chronic duodenal	How long	7 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. F. Hall	
Address		Annapolis Md	
Accident or Suicide?			





Name  
in  
Full

Infant

Stevenson

## CERTIFICATE OF DEATH

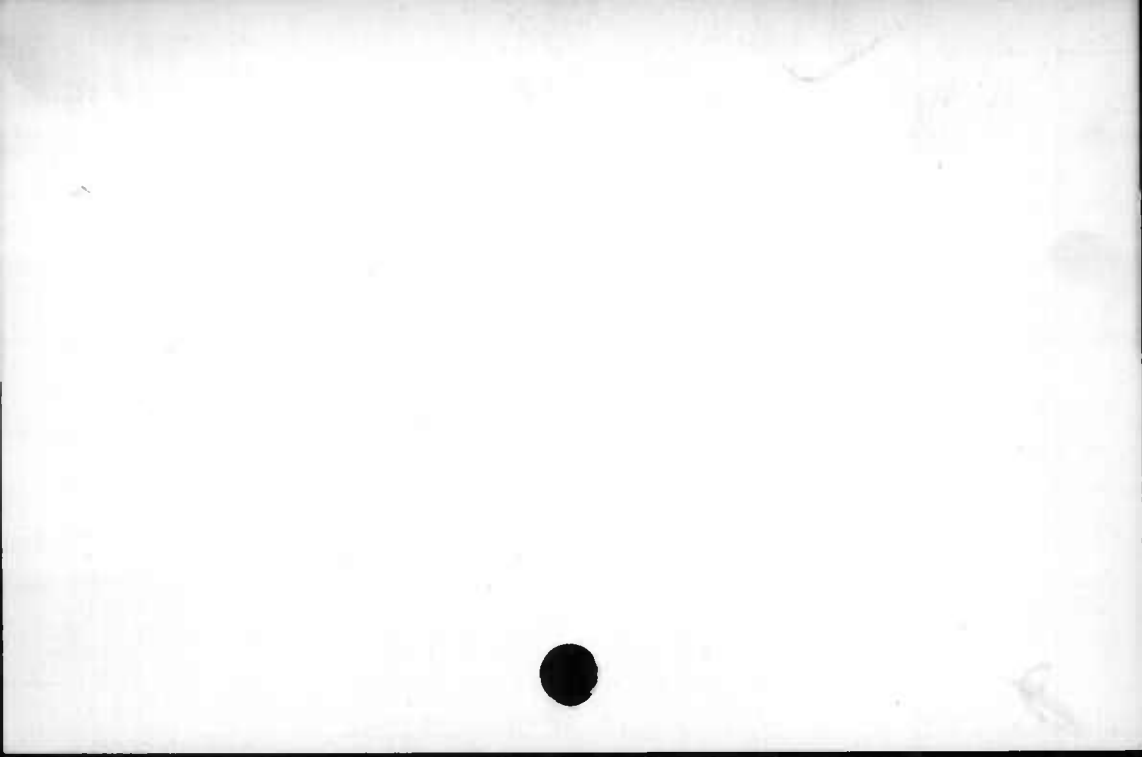
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Wilmington</i>		Town <i>New Wilmington</i>		County <i>Sumner</i>		MARYLAND	
Date of death	1906	Month	11	Day	21	Age	Years <i>2</i> Months <i>2</i> Days
Sex	<i>male</i>		Color or Race	<i>Black</i>		Birth-place	<i>ind</i>
Occupation	<i>✓</i>			Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed	<i>✓</i>		Name of Wife or Husband <i>✓</i>				
Father's Name	<i>Sir Stevenson</i>					Father's Birthplace	<i>ind</i>
Mother's Maiden Name	<i>Addie Coleman</i>					Mother's Birthplace	<i>ind</i>
Name of person giving information	<i>Foster</i>					How related to deceased	<i>79</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Supposed to have been from</i>	How long	<i>2 or 3 days</i>
Immediate	<i>Cold, no doctor in attendance</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Smith M.D.</i>		
	Address <i>P.O. Box 2nd</i>		
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

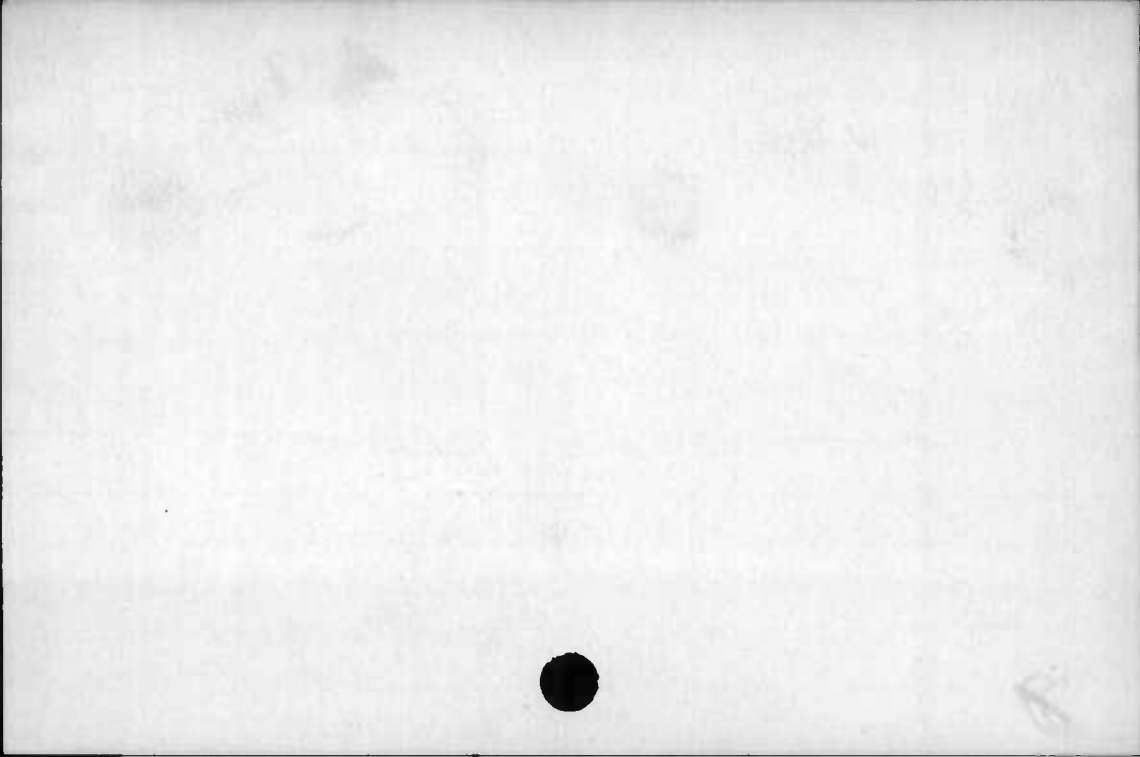
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Geal Island</u> <sup>Town</sup>		<u>Somerset</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u> <sup>Month</sup> <u>Nov</u> <sup>Day</sup> <u>16</u> <sup>Year</sup> <u>5</u>		Age <u>5</u>		Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>md</u>			
Occupation <u></u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>			
Father's Name <u>John W. Thomas</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Mary Curtis</u>		Mother's Birthplace <u>md</u>			
Name of person giving information <u>John W. Thomas</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Acute Catarrhal Laryngitis</u>	How long <u>5 days</u>
Immediate <u>Asphyxiation</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. H. Alexander</u>
	Address <u>Somerset Co.</u>
Accident or Suicide? <u></u>	



Name  
in  
Full

Chas A. Townsend.

CERTIFICATE OF DEATH

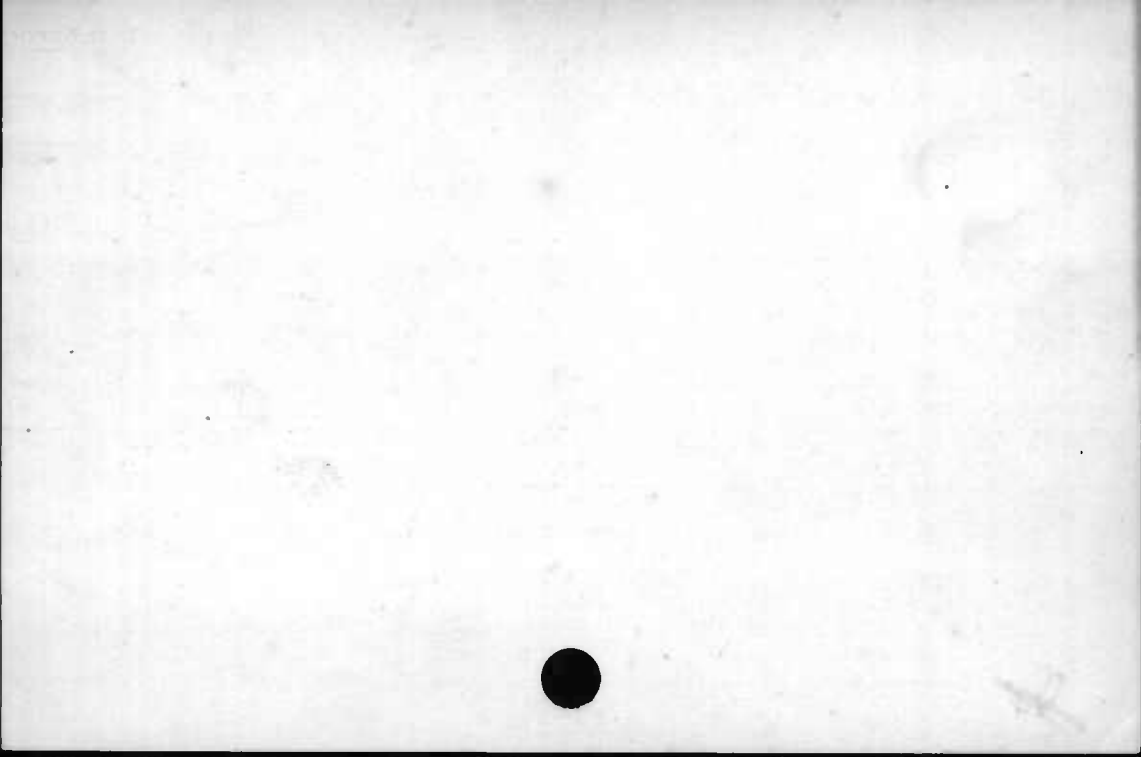
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dublin District</i>		County <i>Summit</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>6</i>	Age <i>5</i>	Years <i>17</i>	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>New Jersey</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Ferdinand A. Townsend</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>George H. Johnston</i>			Mother's Birthplace <i>N. J.</i>		
Name of person giving information <i>Ferdinand A. Townsend</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fever from Diphtheria</i>	How long <i>4 days</i>
Immediate <i>Sudden Collapse</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Wilson</i>
	Address <i>Brooklyn City</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Maret Jane Walston

## CERTIFICATE OF DEATH

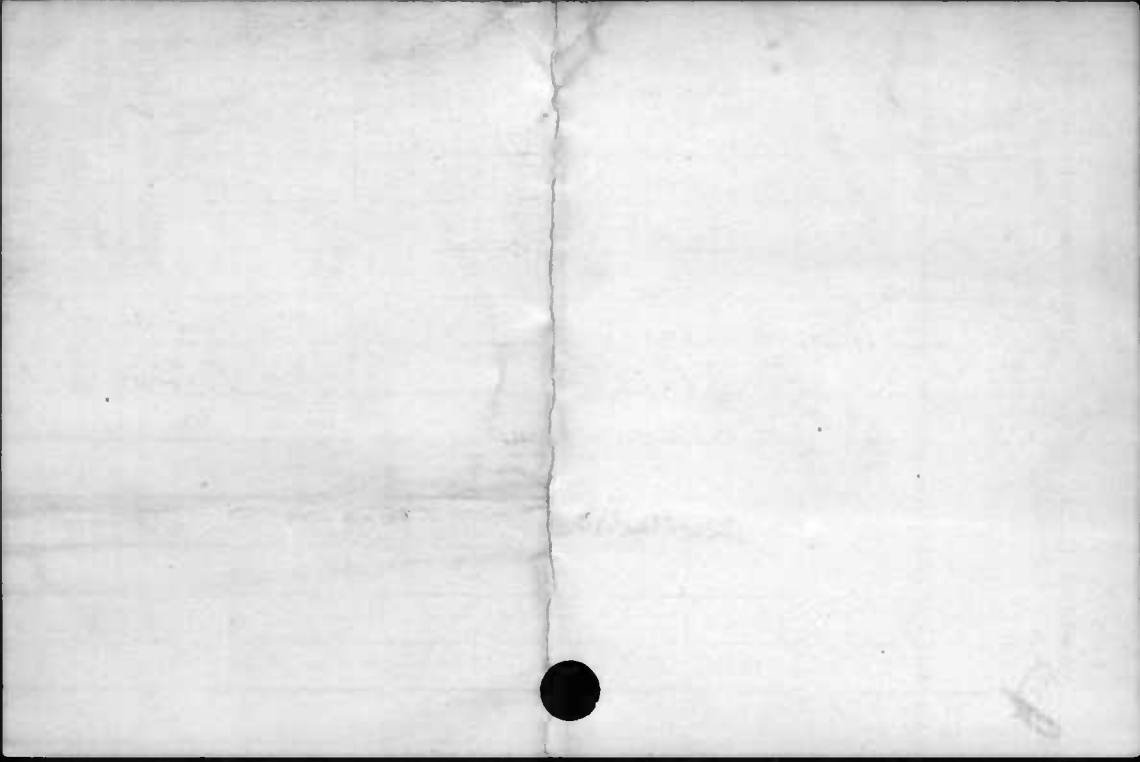
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Farmount</i>		County <i>Somerset</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Nov</i>	Day <i>12</i>	Age <i>4</i>	Years <i>month</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Farmount</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Thomas Walston</i>				Father's Birthplace <i>Farmount</i>			
Mother's Maiden Name <i>Hattie Walston</i>				Mother's Birthplace <i>Farmount</i>			
Name of person giving In formation <i>Emma Holland</i>				How related to deceased <i>Grand mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Stomatitis</i>	How long <i>190 month</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>E. M. Gill</i>
		Address <i>Moandain</i>
		<i>Mod</i>
<input checked="" type="checkbox"/> Accident or Suicide?		





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Marion</i>		Town <i>Marion</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>16</i>	Age <i>7</i>	Years <i>3</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Crifield N.H.</i>					
Occupation <i>Housekeeper</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Leicester Whittington</i>						
Father's Name <i>William Handy</i>	Father's Birthplace <i>Somerset Ex</i>						
Mother's Maiden Name <i>Pattie</i>	Mother's Birthplace <i>Somerset Ex</i>						
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

Primary <i>Pulmonary Consumption</i>	How long <i>one year</i>
Immediate <i>—</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. F. Hall</i>
	Address <i>Crifield N.H.</i>
Accident or Suicide?	

PHYSICIAN  
OR CORONER

